BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

10008009

| | | CLAIMS AS | | _ED - PART I Column 1) (Colu <u>m</u> i | | | n 2) TYPE TYPE | | | OR | OTHER THAN OR SMALL ENTITY | |
|--|--|---|---------------------------------------|---|---------------------------------|------------------|----------------|---------------------|------------------------|---------|---|------------------------|
| TOTAL CLAIMS | | | | | (Ooldinin L) | | ſ | RATE | FEE | | RATE | FEE |
| FOR | | | 20 NUMBER FILED | | NUMBER EXTRA | | • | BASIC FEE | 355.00 | | BASIC FEE | 710.00 |
| | | | · · · · · · · · · · · · · · · · · · · | | HOMBERTEATIA | | • | | | OR | | 7.10.00 |
| TOTAL CHARGEABLE CLAIMS | | | 20minus 20= | | | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | | | | X40= | | OR | X80= | |
| MUI | TIPLE DEPENI | DENT CLAIM PI | RESENT | | | | | +135= | | OR | +270= | |
| * If | the difference | in column 1 is | less than zer | o, ente | "0" in column 2 | | | TOTAL | | OR | TOTAL | 710 |
| | CI | LAIMS AS A | MENDED - PART II | | | • | | • | - | • . | OTHER | |
| | | (Column 1) | (Colur | | | (Column 3) | | SMALL | | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | | Minus | ** | | = | | | | OR | X\$18= | |
| | Independent | • | Minus | *** | | = | | X40= | _ | OR | X80= | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | J | +135= | | OR | +270= | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | and the second second | <u>)</u> | ADDIT. FEE | | •. | ADDII. 1 EE | 4 | | | | | |
| AMENDMENT B | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | NUI PREV | HEST MBER IOUSLY) FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | . ** | | = | | X\$ 9= | | OR | X\$18= | ile. |
| | independent | *. | Minus | *** | | = | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | | | |] | +135= | | OR | +270= | |
| | • | | ÷ . | | | • | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| · | • | (Column 1) | | | mn 2) (Column 3) | | | ADDIT. I EE | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUI PREV | HEST MBER MOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | | X\$ 9= | - | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | .405 | | 1 | +270= | |
| | If the entry in colu | ımn 1 is less than | the entry in colu | ımn 2. wr | ite "0" in co | olumn 3. | | +135= TOTAL | | OR | TOTAL | _ |
| ** If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE | | | | | | | | | | | ADDIT. FEE | |
| | The "Highest Nu | mber Previously P | aid Fr (Total o | r Indeper | ndent) is th | e highest numb | ber fo | ound in the ap | propriate bo | x in co | olumn 1. | |